



WAIVER, GENERAL RELEASE, AND ASSUMPTION OF RISK AGREEMENT

PARENT / PARTICIPANT INFORMATION

Name:	First name:
Telephone:	Birthday: (DD/MM/YY):
Email address:	

INFORMATION ON PARTICIPANTS UNDER YOUR RESPONSIBILITY

I consent that any minor below the age of 18 can have full use of our activities.

Name:	First name:
Birthday: (DD/MM/YY):	Realtion to minor () parent () legal guardian
Name:	First name:
Birthday: (DD/MM/YY):	Realtion to minor () parent () legal guardian
Name:	First name:
Birthday: (DD/MM/YY):	Realtion to minor () parent () legal guardian
Name:	First name:
Birthday: (DD/MM/YY):	Realtion to minor () parent () legal guardian

EMERGENCY CONTACT PERSON :

Name:	First name:
Telephone:	Relation to participant:

ACCEPTANCE OF RISK

By signing this Agreement, I acknowledge and accept that the Activities offered by and available at Maze N'Games entail both known and unknown risks that could result in serious injury or death. These risks may be due to but not limited to exposed springs, hooks, frames, and/or other pieces of equipment; poor lighting; lack of supervision and/or trained spotters; lack of protective mats, and/or other proper equipment; lack of any other proper safety measure; slipping and/or falling on and/or off equipment; collision with fixed objects and/or people; attempted

jumps and/or runs; having multiple participants participate in the Activities at one time; the physical condition, fitness and/or abilities of participants; weight differences between participants; weather and/or all other environmental conditions; actions and/or omissions committed by me or the child for which I act as a legal guardian (known as «Minor Child»).

By signing this Agreement, I acknowledge and accept both the known and unknown risks that may occur due to the use of the equipment of Maze N'Games or from my participation or that of the Minor Child to the Activities and accept that these risks are inherent to the practice or performance of these activities.

By signing this Agreement, I accept and acknowledge as well that I and/or the Minor Child participate in the Activities freely, fully aware of the dangers and potential risks involved in the practice or performance of the Activities. I agree to watch the safety video before participating in Activities and to respect all rules and regulations.

In the event of using the Maze N'Games equipment or participation to the Activities by the Minor Child, I acknowledge that Maze N'Games is in no way responsible for any monitoring or supervision whatsoever and that it is my responsibility as the parent or person having legal authority to do so.

INITIALES : _____



MEDICAL DECLARATION

I confirm that the minor under my responsibility is physically and mentally capable of participating in the activities offered by Maze N'Games. If the participants mental or physical capacity changes after I have signed and agreed to the conditions on the consent form, I will cease to participate in the activities.

Please indicate below if you suffer from one of the following conditions:

Back or Neck problems	explanation:
Cardiac problems	explanation:
Epilepsy	explanation:
Pregnant	explanation:
Vertigo	explanation:
Recent surgery	explanation:
High Blood pressure	explanation:
Color Blind	explanation:



SHOES REQUIRED



NOT RECOMMENDED FOR PERSONS WITH BACK/NECK PROBLEMS



NOT RECOMMENDED FOR PREGNANT WOMAN



NOT RECOMMENDED FOR PERSONS WITH CARDIAC PROBLEMS



NOT RECOMMENDED FOR PERSONS THAT HAVE JUST HAD SURGERY



NOT RECOMMENDED FOR PERSONS WITH HIGH BLOOD PRESSURE



MUST NOT BE UNDER THE INFLUENCE OF ANY DRUGS OR ALCOHOL

SIGNATURE : _____ **DATE :** _____